

**LAW FIRM JURIS NUMBER  
APPLICATION OR CHANGES**

JD-ES-145 Rev. 6/2001

**CONNECTICUT JUDICIAL BRANCH**  
OFFICE OF THE CHIEF COURT ADMINISTRATOR  
COURT OPERATIONS DIVISION  
www.jud.state.ct.us

*Issuance of a Juris Number does not in any manner whatsoever constitute registration of the law firm with or recognition of such law firm by the Judicial Branch. Juris Numbers are issued only for the convenience of the parties and any information related to such Juris Number, such as the name of the law firm, may be changed at the request of the law firm within its sole discretion, upon the submission of a written request to the address below.*

*Ethical standards regarding law firms may be found, among other sources, in Rule 7.5 of the Rules of Professional Conduct.*

**Complete section 1 or 2 below and mail completed form to: Court Operations Division, Barmaster Section,  
225 Spring St., 4th Floor, Wethersfield, CT 06109**

**SECTION 1 - APPLICATION FOR FIRM JURIS NUMBER**

NAME OF LAW FIRM FOR WHICH JURIS NUMBER IS SOUGHT		TELEPHONE NO. (With area code)	
STREET ADDRESS OF FIRM (No. Street, P.O. Box)			
TOWN, STATE AND ZIP+4 (If known)			
<p>I, the undersigned, hereby apply for the issuance of a Juris Number for the law firm listed above. I certify that I am a member of the Connecticut Bar, in good standing, and am employed by the firm for which I am applying for the issuance of a Juris Number.</p> <p>I understand that the submission of this form does not constitute an attorney registration pursuant to Practice Book §2-27(d) and that I must separately comply with the requirement of that section on a form devised by the Statewide Grievance Committee and available at all Superior Court Clerk's offices.</p> <p>I further understand that I have an obligation to notify the Court Operations Division at the above address in the event my association with the law firm is terminated and if at that time no Connecticut attorney remains associated with the firm.</p>			
NAME OF ATTORNEY (Print or type)	SIGNATURE OF ATTORNEY	DATE SIGNED	INDIVIDUAL JURIS NO.

**SECTION 2 - CHANGES TO INFORMATION REGARDING EXISTING JURIS NUMBER**

Make change(s) to the information regarding the following Juris Number:		EXISTING FIRM JURIS NO.	
<i>"X" one or both and complete the required information</i>			
<input type="checkbox"/>	<b>CHANGE IN FIRM NAME</b>		
	CURRENT NAME OF LAW FIRM		
	NEW NAME OF LAW FIRM		
<input type="checkbox"/>	<b>CHANGE IN FIRM ADDRESS</b>		
	CURRENT ADDRESS OF LAW FIRM		
	NEW ADDRESS OF LAW FIRM		
<p>I, the undersigned, hereby request that the information regarding the above Juris Number be changed as shown.</p>			
NAME OF ATTORNEY (Print or type)	TELEPHONE NO. (With area code)	INDIVIDUAL JURIS NO.	
SIGNATURE OF ATTORNEY	DATE SIGNED		